

PS Form 3811, July 2013 Domestic Return Receipt	
2. Article Number (Transfer from service label) 7024 3490 0000 3246 2489	1. Article Addressed to: Joshua Devine 413 N. S. Courthouse St. 113th St. Joseph St. Mobile, AL 36602
3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	SENDER: COMPLETE THIS SECTION <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.
A. Signature X [Signature] B. Received by (Printed Name) W. Moez C. Date of Delivery 3/30/15 D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	COMPLETE THIS SECTION ON DELIVERY A. Addressee <input type="checkbox"/> Agent <input type="checkbox"/> Addressee

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

David A. Stebbins
123 W. Ridge St.
APT D
Harrison, AR 72601

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